DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445166	B WING		05/04/2020		
NAME OF PROVIDER OR SUPPLIER THE HEALTH CENTER AT RICHLAND PLACE				504 E	ET ADDRESS, CITY, STATE, ZIP CODE ELMINGTON AVENUE HVILLE, TN 37205		
(X4) ID PREFIX TAG			ID PREFI TAG	REFIX (EACH CORRECTIVE ACTION SHOULD		D BE	(X5) COMPLETION DATE
K 000	#TN00051014, con State of Tennessee Division of Health L Office of Health Ca complaint investiga Richland Place was compliance with the in Medicare/Medica 483.70(a), Life Safe	nt investigation, for Intake ducted on 05/04/2020 by the Department of Health icensure and Regulation re Facilities. During this ation, The Health Center at found in substantial requirements for participation and at 42 CFR Subpart ety from Fire, and the related ction Association (NFPA)	K	000			
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.